

ACKNOWLEDGEMENT OF NOTIFICATION OF

HAZARDOUS WASTE ACTIVITY

11/03/2014

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000213827

INSTALLATION NAME:

NYC DEPT OF EDUCATION - PS 840R

INSTALLATION ADDRESS:

15 FAIRFIELD ST

STATEN ISLAND, NY 10308

MAILING ADDRESS:

30-30 THOMSON AVE LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: NYC DEPT OF EDUCATION - PS 840R

or Current Occupant

ATTN: ALEXANDER LEMPERT 30-30 THOMSON AVE

LONG ISLAND CITY, NY 11101





OMB# 2050-0024; Expires 12/31/2014

1 GRONMENTAL PROTECTION AGENCY, REGION II

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.				ental Protection Agen									
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)											
E	MARK ALL SOX(ES) THAT APPLY	□ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)											
		☐ As a component of the Hazardou	•		*								
	1775	Site was a TSD facility and/o >100 kg of acute hazardous LQG regulations)	or generator of waste spill cl	of ≥1,000 kg of nazardous water the best series of	aste, >1 kg of acute hazardous waste, or ns of the report year (or State equivalent								
2.	Site EPA ID Number	EPA ID Number [NY R 0 0 2 1 3 8 2 7											
3.	Site Name	Name: NYC Dept. of Education - P.S. 840R											
4.	Site Location	Street Address: 15 Fairfield Street											
	Information	City, Town, or Village: Staten Island County: Richmond											
		State: New York	Country: U.	S.	Zip Code: 10308								
5.	Site Land Type	Private County Distri	ct Fed	eral Tribal 🗸 M	funicipal State Other								
6.	NAICS Code(s)	A. 6 1 1 1 1	0	c									
	for the Site (at least 5-digit codes)	B D											
7.	Site Mailing	Street or P.O. Box: 30-30 Thomson Avenue											
	Address	City, Town, or Village: Long Island City											
		State: New York	Country: U.S	S.	Zip Code: 11101								
8.	Site Contact		MI:	Last: Lempert									
	Person	Title: Director			30 8 8 6 6 1 7 1 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		Street or P.O. Box: 30-30 Thomson Av	enue										
		City, Town or Village: Long Island City											
			Zip Code: 11101										
		Email: ALempert@nycsca.org	Country: U.	1 / 100 · 1									
		Phone: 718-472-8501	Fax: 718-472-8500										
9.	Legal Owner	A. Name of Site's Legal Owner: NYC [Date Became 12/23/1975 Owner:										
	and Operator of the Site	Owner Type: Private County District Federal Tribal Municipal State Other											
	*	Street or P.O. Box: 30-30 Thomson Av											
		City, Town, or Village: Long Island City	Phone: 718-472-8501										
		State: New York	Zip Code: 11101										
		B. Name of Site's Operator: NYC Dept. of School Facilities Date Became Operator: 12/23/1975											
		Operator Private County District Federal Tribal ✓ Municipal State Other											

EPA ID Nun	nber			OMB#: 2050-0024; Expires <u>12/31/2014</u>					
10. Type of Mark "Y	Regulated Waste 'es" or "No" for a	Activity (at your site) Il <u>current</u> activities (as of the	e date submitting the	form); complete any additional boxes as instructed.					
A. Hazardo	ous Waste Activiti	es; Complete all parts 1-10.							
YV N	1. Generator of If "Yes", ma	of Hazardous Waste ark only one of the following	– a, b, or c.	Y N ✓ 5. Transporter of Hazardous Waste If "Yes", mark all that apply.					
	a. LQG:	Generates, in any calendar r (2,200 lbs./mo.) or more of h Generates, in any calendar r accumulates at any time, mo lbs./mo) of acute hazardous Generates, in any calendar r accumulates at any time, mo (220 lbs./mo) of acute hazar material.	azardous waste; or month, or ore than 1 kg/mo (2.2 waste; or month, or ore than 100 kg/mo dous spill cleanup	a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N ✓ 7. Recycler of Hazardous Waste					
lf "Yes	✓ b. SQG:c. CESQG:above, indicate	100 to 1,000 kg/mo (220 – 2 acute hazardous waste. Less than 100 kg/mo (220 lb hazardous waste. e other generator activities in	os./mo) of non-acute	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption					
YUN	2. Short-Term 6	Generator (generate from a sh from on-going processes). If the Comments section.	ort-term or one-time	b. Smelting, Melting, and Refining Furnace Exemption					
YNV	3. United State	es Importer of Hazardous Wa	aste	Y N ✓ 9. Underground Injection Control					
Y N	4. Mixed Waste	e (hazardous and radioactive	e) Generator	Y N 10. Receives Hazardous Waste from Offsite					
B. Univers	sal Waste Activitie	es; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.					
Y N	accumu regulation types of	uantity Handler of Universal late 5,000kg or more) [refer ons to determine what is reg f universal waste managed a l that apply.	to your State gulated]. Indicate	Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)					
ΥΠΝ	d. Lamp e. Other f. Other g. Othe	cides ury containing equipment os r (specify) r (specify) r (specify) r (specify)	aste	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. □ a. Processor □ b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. □ a. Marketer Who Directs Shipment of Off-					
	Note: A activity.	A hazardous waste permit may	be required for this	Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications					

EP/	A ID Num	ber						JL										OMB	#: 2	2050	-002	24;	Expir	es <u>1</u> 2	2/31/2	2014	_
D.	Eligible A	Acade	mic E	ntitie:	s with	h Lal	bora 2 Su	torio	es—N art K	lotifi	cati	on	for	optii	ng int	o or w	ithdra	wing f	ron	n ma	nagi	ng l	abora	tory	hazar	dous	
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	•	at least one of the following: a college or university: a teaching hospital that is owned by or has a formal affiliation																									
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Y] N[]	1. Opt	ting in	ito or d item-l	curren	ntly o m in	pera I stru	ating I ctio	unde ns fo	r 40 (r def	CFF initi	R Pa ion	art 2 is of	62 S	ubpa es of	rt K for eligible	the mag	anagei emic	mer ent i	nt of i ties .	hazaı Maı	rdou rk al	is was II that	tes in	labor y:	atories	ė
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11.	Descript	ion of	Haza	rdous	s Was	ste																					
Α.	Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.																										
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EPA ID Nun	nber	OMB:	#: 2050-0024; Expires 12/31/2014							
12. Notificat	ion of Hazardous Secondary Materi	al (HSM) Activity								
Y N	Are you notifying under 40 CFR 260.e secondary material under 40 CFR 26	42 that you will begin managing, are managing, 1.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25) arm to the Site Identification Form: Notification for	?							
	Material.									
13. Comme	8. Comments									
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accorda on my ir informat penaltie	nce with a system designed to assure equiry of the person or persons who ma ion submitted is, to the best of my kno s for submitting false information, inclu	at this document and all attachments were prep that qualified personnel properly gather and ev anage the system, or those persons directly res wledge and belief, true, accurate, and complete ding the possibility of fines and imprisonment for Il owner(s) and operator(s) must sign (see 40 C	aluate the information submitted. Based sponsible for gathering the information, the set. I am aware that there are significant or knowing violations. For the RCRA							
	of legal owner, operator, or an representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)							
		Alexander Lempert, Director	10/15/2014							
			,							